

**APPLICATION FOR ENERGY EFFICIENCY
 MACHINERY OR EQUIPMENT
 SALES AND USE TAX INCENTIVE**



Name			()
	Enter Name of Manufacturer <i>(please print or type)</i>		Telephone Number <i>(include area code)</i>
Plant Facility Location			
	Number and Street	City or Town	State ZIP Code
Mailing Address <i>(if different)</i>			
	Number and Street	City or Town	State ZIP Code
Contact			()
	Contact Person	E-mail Address	Telephone Number <i>(include area code)</i>

REFUND REQUESTED \$ _____	REFUND PERIOD _____
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(1) Claims for refunds must be filed within eighteen (18) months from the time the machinery or equipment was placed in service.

(2) A refund can only be requested for Kentucky sales and use tax paid. No refund for sales tax paid to other states or localities will be refunded.

(3) In accordance with KRS 139.770, the amount of refund requested will be reduced by the amount of compensation taken when the sales or use tax was paid or by the amount of any tax liability due the Commonwealth of Kentucky by the applicant.

(4) Interest shall not be allowed or paid on any refund.

(5) Attach copies of the information-sharing agreements with contractors, vendors or other related parties to verify purchases of machinery and equipment, along with the energy-efficiency standards achievement document.

(6) Attach all copies of pertinent invoices (from each vendor).

(7) Mail completed application and supporting documentation to the Kentucky Department of Revenue, Division of Sales and Use Tax, P. O. Box 181, Station 67, Frankfort, Kentucky 40601-0181.

Any questions can be directed to the Division of Sales and Use Tax at (502) 564-5170.

I, the undersigned, do declare under penalties of perjury that I have examined this application (including any accompanying statements or schedules and reports), and to the best of my knowledge and belief, the information and statements regarding the refund for sales and use tax paid on purchases of energy reducing machinery and equipment, are true, complete and correct, and that I am duly authorized to sign this application. The undersigned certifies that no tax liability of any kind is due the Commonwealth of Kentucky by this applicant.

Signed _____ Title _____

Date _____

(Print or Type)